

Life Steps OB/GYN Health Care for Women, LLP

60 EAST END AVENUE, NEW YORK, NY 10028 PHONE: (212)860-4800 FAX: (212)860-4891

Patient Information

Patient Name: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Employer: _____
S.S.# _____ Occupation: _____
Home # _____ Marital Status: _____
Cell # _____
Work# _____ **What is your preferred mode of contact?
Email _____
Pharmacy# _____ How did you hear about us?

Spouse or Emergency Contact

Name: _____ Phone# _____
Address: _____
(Street) (City) (State) (Zip)

Primary Care Physician

Name: _____ Phone# _____
Address: _____
(Street) (City) (State) (Zip)

Primary Insurance Information

Company Name: _____ Phone# _____
Address: _____
(Street) (City) (State) (Zip)
Policy ID _____ Group # _____
Policy Holder Name(Insured): _____ ()Spouse ()Significant () Parent/Guardian
Insured's Date of Birth _____ Insured's S.S# _____
Insured's Employer: _____
Insured's Occupation: _____

Secondary Insurance Information

Company Name: _____ Phone # _____
Address: _____
(Street) (City) (State) (Zip)
Name of Insured: _____ Relationship to Insured: _____
Policy # _____ Group # _____

ASSIGNMENT AND RELEASE: I, the undersigned, give my authorization to treat and assign directly to Life Steps OB/GYN Healthcare for Women, LLP, all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am ultimately financially responsible for all approved and covered charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. I understand that payment is expected at the time of service.

I acknowledge receipt of the Practice's Notice of Privacy Practices. I authorize the Practice to use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting healthcare operations.

Patient Signature Relationship to Patient, if not patient Date